

Laboratory Results

Results for the samples and analytes requested
The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Lab Project No. : 70114109

Received : 12/04/2019 5:20

Sample Type : Drinking Water

Date Reported: 12/05/2019

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70114109001	HB27	12/4/2019 7:45:00	Analysis Time	Absent	Absent	0.61
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 7:45:00 AM
70114109002	HB2	12/4/2019 8:00:00	Analysis Time	Absent	Absent	0.66
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 8:00:00 AM
70114109003	HB3	12/4/2019 8:15:00	Analysis Time	Absent	Absent	0.369
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 8:15:00 AM
70114109004	HB4	12/4/2019 8:30:00	Analysis Time	Absent	Absent	0.56
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 8:30:00 AM
70114109005	HB5	12/4/2019 8:50:00	Analysis Time	Absent	Absent	0.57
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 8:50:00 AM
70114109006	HB6	12/4/2019 9:05:00	Analysis Time	Absent	Absent	0.62
Routine Distribution	Strong Oil Montauk Hwy. East	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 9:05:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

A = Air Stripper
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC
unless otherwise noted.

This report shall not be reproduced except in full,
without the written approval of the laboratory.



Kimberley Mack



575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

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Date Reported: 12/05/2019

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				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70114109007	HB7	12/4/2019 9:20:00	Analysis Time	Absent	Absent	0.49
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 9:20:00 AM
70114109008	HB8	12/4/2019 9:35:00	Analysis Time	Absent	Absent	0.48
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 9:35:00 AM
70114109009	HB9	12/4/2019 7:30:00	Analysis Time	Absent	Absent	0.85
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 7:30:00 AM
70114109010	HB10	12/4/2019 10:15:00	Analysis Time	Absent	Absent	0.53
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 10:15:00
70114109011	HB11	12/4/2019 9:55:00	Analysis Time	Absent	Absent	0.56
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT		12/5/2019 12:18:00	12/5/2019 12:18:00	12/4/2019 8:55:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

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WorkOrder :

70114109

Laboratory Certifications

Pace Analytical Services Long Island

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

70114109

Client Info: HAMPTON BAYS WATER DISTRICT

HAMPTON BAYS WATER DISTRICT

Name or Code: _____
P.O. BOX 1013

Address: HAMPTON BAYS, NEW YORK 11946
(516) 728-0170

Address: 6/10-87/ (1C9) (631)

Phone #: _____

Attn: _____

1. NAME

Proj. # or (Name): _____

Bill To: _____

Copies To: _____

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
7:45AM 12-4-19	PW	#27	D	-	RO	.61	7.08	Bact w/c	001
8:00AM 12-4-19	PW	#2	D	-	RO	.66	7.01	Bact w/c	002
8:15AM 12-4-19	PW	#3	D	-	RO	.36	7.02	Bact w/c	003
8:30AM 12-4-19	PW	#4	D	-	RO	.56	7.04	Bact w/c	004
8:50AM 12-4-19	PW	#5	D	-	RO	.57	7.05	Bact w/c	005
9:05AM 12-4-19	PW	#6	D	-	RO	.62	7.01	Bact w/c	006
9:20AM 12-4-19	PW	#7	D	-	RO	.49	7.09	Bact w/c	007
9:35AM 12-4-19	PW	#8	D	-	RO	.48	7.04	Bact w/c	008
9:50AM 12-4-19	PW	#9	D	-	RO	.85	7.06	Bact w/c	009
10:15AM 12-4-19	PW	#10	D	-	RO	.53	7.12	Bact w/c	010
9:55AM 12-4-19	PW	#11	D	-	RO	.56	7.14	Bact w/c	011

Remarks:

Sample Request Form

PUBLIC WATER SUPPLIER

Date: 12-4-19

Collected By: K. TUTHILL

10/1/19

Cooler Temp: _____ °C

☐ WELL OFF LINE

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Treatment Types

D - Distribution
RW - Raw Well
TW - Treated Well
T - Tank
MW - Monitoring Well
I - Influent
E - Effluent

Purpose

RO - Routine
RE - Resample
S - Special

Sample Types

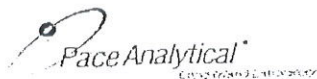
PW - Potable Water
GW - Groundwater
SW - Surface Water
WW - Waste Water
AQ - Aqueous
S - Soil

Origin

D - Distribution
RW - Raw Well
TW - Treated Well
T - Tank
MW - Monitoring Well
I - Influent
E - Effluent

Treatment Types

AST - Air Stripper
GAC - Granular Activated Charcoal
N - Nitrate Removal Plant
FE - Iron Removal Plant
O - Other



Sample Condition Upon Receipt

Client Name:

Project:

WO#: 70114109

PM: KMM Due Date: 01/03/20

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals intact: ☒ Yes ☐ NoTemperature Blank Present: ☐ Yes ☒ NoPacking Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ Ziploc ☐ None ☐ Other

Type of Ice: (Wet) Blue None

Thermometer Used: TH001

Correction Factor: +0.2

☐ Samples on ice, cooling process has begun

Cooler Temperature (°C): 1.8

Cooler Temperature Corrected (°C): 2.0

Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: JLV 12/4/19

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NODid samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL W/ OIL		
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #		Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		
Residual Chlorine strips Lot #		Positive for Res. Chlorine? Y N
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: